

Sub-fertility: the other side of the problem

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While world attention is focused mainly on the issue of overpopulation and priority is given to family planning programs in order to control the birth-rate, a contrary problem has emerged in Africa: the question of unwanted sub-fertility and infertility and its consequences for development.

Fertility has been defined as the actual ability of individuals to reproduce. It is measured by counting live births, and differs from fecundity which is the biological ability to reproduce. Sub-fertility is the relative inability of a group or community to maintain a birth rate equal or superior to the general mortality rate. Infertility is the incapacity to impregnate or to carry a pregnancy to live birth.

There exists in Africa a large "sub-fertile" area. From Cameroon and Gabon in the west, it stretches as far east as Uganda, and includes the Congo, Zaire, the Central African Republic and Sudan. However, the differences in fertility levels are not as marked between countries as they are between groups. Two neighbouring groups may have quite different levels of fertility. Dr. Ann Retel-Laurentin, a researcher at the *Centre national de la recherche scientifique* (CNRS) in Paris, and the author of several articles and books on the subject, reports for instance that in Upper Volta, women of the Bobo-Oulé tribe aged over 45 have an average of three children, while their neighbours, the Mossi, have approximately six. In Nigeria a birth rate of 32 per thousand was reported at Igbo-Ora in 1964, and more recently 50 per thousand in East Central State.

In the context of rural Africa, where reproduction is considered an important social value, sub-fertility and infertility have serious social, economic and health consequences. A village woman who, after several months of marriage still is not pregnant, is very badly

looked upon by the people around her. Afraid that she will be abandoned by her husband, she may go through the various traditional psycho-therapeutic techniques practised in her village. If these prove unsuccessful she may, as a last resort, go from man to man until she conceives. While doing so she may contract a venereal disease or, because of her anxiety, abort before she even has time to realize that she is pregnant. Repeated abortions can provoke a secondary infertility that can only be cured by careful medical attention — often difficult to obtain because of the lack of medical facilities. Surveys conducted by the Wesley Guild Hospital in Nigeria revealed that some women spent the equivalent of a year's income on various cures during the first five years of their infertility.

While many factors may be responsible for the phenomenon, the fact that some sub-fertile pockets can be found in groups sharing the same socio-cultural characteristics strongly suggests that medical and pathological factors have a major role to play in determining the fertility level. Venereal diseases, which are common in cases of sub-fertility in many parts of Africa, have received much attention, but other diseases may also play a role. They can be endemic (sleeping sickness, malaria, tuberculosis) or genetic (consanguineous unions and their incompatibilities).

Despite the interest expressed by the World Health Organization (WHO) in 1969 to conduct research in this field, and recent efforts to establish maternity units in various locations, few programs have yet been launched. In July 1972, however, a World Fertility Survey was begun in order to provide scientific information that will enable countries to describe and interpret their population's fertility. In March 1973 the UN Economic Commission for Africa (UNECA) appointed two of its members to participate with the University of Ibadan in the design of a survey outline. An international workshop, supported by the IDRC, was held in Ibadan later that year at which scientists from various disciplines agreed on uniform definitions of fertility, sub-fertility, infertility and sterility. They also examined the factors affecting fertility levels, established an action policy and outlined future surveys.

The World Fertility Survey will be completed in June this year. It should be of particular interest to governments concerned with a low fertility level in certain parts of their countries. It also brings into question whether family planning services, instead of limiting themselves to controlling births, should not extend their activities in order to help thousands of women who silently suffer. □

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Family planning clinic in Mali: should they be equally concerned about sub-fertility?

